

**At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 9<sup>TH</sup> FEBRUARY, 2011 at 5.30 p.m.**

**Present:-**

Councillor Walker in the Chair

Councillors Fletcher, A. Hall, Maddison, Morrissey, Padgett, Shattock, D. Smith and N. Wright.

**Also in Attendance:-**

Councillor Tate	-	Chairman of Management Scrutiny Committee
Councillor G. Hall	-	Presenting Item 4 – Health of the Ex Service Community
Karen Brown	-	Sunderland Council
Jean Carter	-	Sunderland TPCT
Janice Chandler	-	South of Tyne and Wear NHS
Nonnie Crawford	-	Sunderland Teaching Primary Care Trust
Bill Craddock	-	Member of the Public
Phil Foster	-	Sunderland Council
Claire Harrison	-	Sunderland Council
David Noon	-	Sunderland Council
Paula Phillips	-	Sunderland TPCT

**Apologies for Absence**

Apologies for absence were received on behalf of Councillors Old and Snowdon.

**Minutes of the last Meeting of the Committee held on 8<sup>th</sup> December, 2010**

1. RESOLVED that the minutes of the meeting of the Committee held on 8<sup>th</sup> December, 2010 be confirmed and signed as correct record subject to the following:-
  - (i) Page 6, 2<sup>nd</sup> paragraph, line 7 – 'NHS Outcomes Framework' be amended to read 'Public Health Outcomes Framework';
  - (ii) Page 6, 2<sup>nd</sup> paragraph, line 8 – 'public budget' be amended to read 'Public Health budget'.

**Declarations of Interest**

There were no declarations of interest made.

## **The Health of the Ex-Service Community: Report of the Joint North East Scrutiny Review**

The Chief Executive submitted a report (copy circulated) which presented the findings of the North East Joint Health Overview and Scrutiny Committee review into the health of the ex-service community.

(For copy report – see original minutes).

Councillor G. Hall presented the report which contained 47 separate recommendations based around 8 different themes. The report also contained an action plan which broke the recommendations down according to the organisations to which they were addressed. Some 27 were addressed to local authorities either alone or more commonly in partnership with other organisations. Further work would be needed to identify how to take them forward.

In presenting the report Councillor G. Hall highlighted what he believed to be the following key recommendations.

**Recommendation 2:** That the local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?'

**Recommendation 6:** Local authorities in the North East should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the ex-service community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.

**Recommendation 14:** As some sections of the ex-service community are vulnerable and hard to reach it is recommended that local authorities work with third sector bodies which provide an outreach service (such as ex-service charities and Norcare) to raise awareness and improve access to available support mechanisms.

**Recommendation 21:** That the Association of North East Councils should be asked to explore with the NHS, the armed forces and other partners across the region how stronger networking within and between existing groups may be taken forward. This should include consideration of joined-up planning and performance monitoring.

**Recommendation 23:** We strongly recommend that local authorities across the region should explore options for establishing and publicising a central point of contact telephone number – to increase the chances of people getting the help they need and to provide a consistent standard of contact across the region. Ex-service charities, Citizens Advice Bureau operating in the region, the Career Transition Partnership and Job Centre Plus have all indicated that this would be likely to prove beneficial.

**Recommendation 42:** Consideration should be given by central government to the need for some form of accreditation to be available to ex-service charities (particularly the newly emerging charities). How this might best be taken forward should be considered in the light of the Government's response to the Task Force on the Military Covenant. Local authorities should consider drawing up approved lists of service providers.

In conclusion Councillor G. Hall provided Members with the following facts which were not contained in the report:-

- (i) 13% of former forces personnel will have long term dependency on drink or drugs;
- (ii) 9% will spend time in custody;
- (iii) the average length of time taken for issues resulting from post traumatic stress to develop was 13 years.

Councillor G. Hall commended the report to the Committee as a fantastic piece of work, informing Members that the Centre for Public Scrutiny intended to promote it as an example of good practice in scrutinising health inequalities. In addition, Councillor G. Hall paid tribute to Karen Brown, Scrutiny Officer and Secretary to the North East Joint Health Overview and Scrutiny Committee for her invaluable work in preparing the report.

Mr. Craddock, a member of the Royal British Legion for 61 years, spoke to support the report and echo the concerns alluded to in recommendation 42 regarding the need to develop accreditation for the increasing number of ex-services charities given concerns over their capacity to deliver and the possibility of duplication.

Councillor Maddison referred to reports of a man sleeping rough in St. Michaels Ward who was believed to be ex-forces. He asked what should be the first port of call if the man required help. Councillor G. Hall replied that in the first instance he should contact the Royal British Legion, however, there was always the possibility that he did not want to be recognised nor want any help.

Councillor Shattock referred to the case of a man before a DDA appeals panel who did not even mention that he had previously served in Northern Ireland and was suffering from post traumatic stress. She also asked why it was ex-force personnel with relatively short periods of service often seemed to be more greatly affected than those with longer service records. Councillor G. Hall explained that the reluctance to refer to their problems was often the result of the macho environment of the forces where it was the done thing not to talk about issues that bothered them. The reluctance was also due to a stigma they felt would be attached to them if they admitted they may have a mental illness. Councillor G. Hall added that the North East Region supplied 20% of the nation's armed forces personnel. As many came from deprived backgrounds, a high percentage took problems of childhood adversity into the forces with them. As these problems manifested themselves they were often found not to make grade and released labelled 'Service No Longer Required'.

Councillor N. Wright noted the average time period of 13 years for problems to develop and stated that in some cases problems may not come to light until a lot of years later. As an example she cited the case of an ex Christmas Island veteran whose problems did not surface until he began to research a book of his experiences many years after the events had occurred. She commended all who had contributed to the production of an excellent report which was long over due and hoped that its recommendations were fully supported and implemented.

There being no further questions the Chairman thanked Councillor G. Hall for the report and it was:-

2. RESOLVED that the report be welcomed and referred to Cabinet to endorse its recommendations.

### **Prevention of Sexually Transmitted Infections and Promotion of Good Sexual Health**

The Commissioning Lead for Sexual Health and Health Improvement Practitioner, Sunderland Teaching Primary Care Trust submitted a report (copy circulated) which outlined the current services and initiatives operating across the City to promote positive sexual health for young people including the 'Your Health' initiative, the Showt Card, the Emergency Contraception Scheme and the Chlamydia Screening Programme.

(For copy report – see original minutes).

Janice Chandler (South of Tyne and Wear NHS) and Paula Phillips (Sunderland TPCT) were in attendance to present the report and address any questions or comments from Members.

Councillor Maddison referred to the sexual health of young people and with regard to data on the numbers of STIs, asked if it was known how many were contracted whilst abroad on holiday. Ms. Chandler advised that the peaks and troughs of infections were investigated to try and identify trends, however, she believed that there were no specific figures with regard to holidays. Nonnie Crawford advised that among young people peaks of STIs tended to occur at Christmas and at the end of the school year when people were celebrating.

In response to an enquiry from Councillor D. Smith, Ms. Phillips advised that Chlamydia was not more prevalent in young people, it was just that there was currently a screening programme for young people between the ages of 15-24. Ms. Crawford added that although there had been a rise in STIs among the over 40s, in times of limited resources there was a need to direct them towards areas where the greatest impact would be felt.

Ms. Crawford advised that from 2013 the commissioning of health services would become a local authority function. This would bring the Council into contact with a number of clinical services which they hadn't worked with before.

Councillor N. Wright noted that infection rates continued to rise among young people despite all the work that had been done and asked if it was really possible to make a difference. Ms. Chandler replied that it was about providing people with an aspiration, however, how this would be done was a difficult question to answer. Ms. Crawford stated that if she had a vision regarding contraceptive services it was that the decision to use them was a conscious and positive one. People would always engage in sex and therefore it was the job of the health services to ensure it was not done in a risky fashion.

In response to a further query from Councillor N. Wright, Ms. Chandler and Ms. Phillips confirmed that she would provide a breakdown of the STI statistics to show how Sunderland compared with its regional neighbours.

In response to an enquiry from Councillor Shattock regarding feedback from parents regarding the provision of sex education in schools. Ms. Chandler replied that parents had been offered the 'speak easy' training as part of the core offer within the risk and resilience agenda. Feedback from parents would be sought at the visioning event to be held at the end of March.

In response to an enquiry from the Chairman as to gender breakdown of people accessing the services, Ms. Phillips confirmed that it was predominantly female. Work was being carried out to address the imbalance by targeting male sports clubs, for example at the University, and male dominated work places.

Members pondered the effectiveness of advertisements and with reference to the public information messages concerning AIDs broadcast during the early 1980s wondered if shock tactics was the way forward. Ms. Crawford confirmed that those public information films were indeed shocking. At that time AIDs was perceived as a death sentence, however, today it is treated as a long term condition that could be managed and lived with.

There being no further questions the Chairman thanked Ms. Chandler, Ms. Phillips and Ms. Crawford for their attendance and it was:-

3. RESOLVED that the report be received and noted.

### **Personalisation and Reablement in Sunderland – Progress Report**

The Director of Health, Housing and Adult Services submitted a report (copy circulated) which provided the Committee with an update on how Sunderland were implementing the personalisation of reablement agendas, ensuring they complimented one another and which detailed how hospital discharges were being supported through the agendas with particular regard to reablement approaches.

(For copy report – see original minutes).

Phil Foster, Head of Care and Support, together with Jean Carter, Deputy Director of Health, Housing and Adult Services, attended the meeting to present the report and address the following questions and comments from Members:-

- the difference between the Reablement at Home Service and those services provided to people for whom it was obvious that a return to home was not an option;
- the potential to investigate the development of Sheltered Accommodation Plus schemes;
- the importance of providing an audit trail and accountability with regard to direct payments and the need to balance this with the need to reduce bureaucracy;
- concern that the whole system relied on the outcome of a single initial assessment and a belief that this was not appropriate for someone with long term needs.

Mr Foster having advised that he would confirm following the meeting whether or not direct payments could be used to secure Council services, the Chairman thanked him for his report, and it was:-

4. RESOLVED that the report be received and noted.

### **Policy Review: Malnutrition in Hospitals – Feedback from Hospital Visit**

The Chief Executive submitted a report (copy circulated) which provided the Committee with feedback following a Members' visit to the Sunderland Royal Hospital undertaken on Friday, 21<sup>st</sup> January, 2011 as part of its review of malnutrition and dehydration in hospitals.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer, presented the report supported by Councillor Smith, Councillor Fletcher and the Chairman who had all attended the visit. In conclusion Ms. Brown highlighted that the assembly and distribution of such a large quantity of meals was an impressive operation. It was commented that there was a high quality of food provided. The staff who assisted with the visit ranging from the catering department to the ward staff were undoubtedly dedicated to providing the best nutritional support and they were to be congratulated on the service provided.

There were, however, aspects of the meals service which raised questions during the visit and these included:-

- (a) the difference in operational standards from ward to ward and the extent to which patients have the full range of choice on the menu;
- (b) the extent to which patients are involved in the menu design linked to feedback surveys and best use of information from patient feedback;

- (c) the involvement of a patient's friends/relatives in supporting encouraging patients to take food and passing on information about patients;
- (d) the availability of snacks/fruit and individualised meals and the extent to which patients ask for food or the patients staff offer;
- (e) maintaining, monitoring and using data about malnourished patients.

Councillor D. Smith questioned the logistics involved in collating the information accruing from the 1,000 questionnaires issued with every meal, 3 times a day and the ability do so in any meaningful way.

Councillor N. Wright advised that at a previous meeting, Alan Patchett had highlighted the provision of menu cards for the visually impaired. Councillor Wright requested that as the issue had been formally raised by the Committee it was followed up with Mr. Padgett.

5. RESOLVED that the report be received and noted and submitted as evidence for the Committee's policy review.

### **Policy Review: Malnutrition in Hospitals – Case Studies from Other Hospitals**

The Chief Executive submitted a report (copy circulated) which presented for the Committee's information, examples of good practice from hospitals nationally in preventing malnutrition and dehydration as part of its policy review.

(For copy report – see original minutes).

The Chairman having advised that additional meetings were to be arranged to consider the implications of both this and the following report, it was:-

6. RESOLVED that the report be received and noted.

### **CfPS Regional Conference Feedback**

The Chief Executive submitted a report (copy circulated) which presented feedback from the CfPS Regional Health Scrutiny Event held in York during January 2011.

(For copy report – see original minutes).

7. RESOLVED that the report be received and noted.

## **Forward Plan – Key Decisions for the Period 1<sup>st</sup> February, 2011 – 31<sup>st</sup> May, 2011**

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1<sup>st</sup> February, 2011 – 31<sup>st</sup> May, 2011.

(For copy report – see original minutes).

Ms. Claire Harrison, Acting Scrutiny Officer, presented the report.

8. RESOLVED that the contents of the report be received and noted.

## **Annual Work Programme 2010-11**

The Chief Executive submitted a report (copy circulated) for the Committee to receive an updated work programme for the 2010-11 Council year.

(For copy report – see original minutes).

Ms. Claire Harrison, Acting Scrutiny Officer, presented the report. In addition, and with regard to paragraph 3.4, Karen Brown, Scrutiny Officer, updated Members on consultation workshop in response to the Public Health White Papers.

Members were advised that the All Party Parliamentary Group would now also be considering oral as well as written evidence and to this end would be meeting with the Director of Health, Housing and Adult Services on Monday, 14<sup>th</sup> February. As a result the Members' Workshop already arranged for 11<sup>th</sup> February to consider the written submission would also be used to inform the Director's oral submission.

9. RESOLVED that the Committee note the updated work programme.

The Chairman then closed the meeting having thanked Members and Officers for their attendance.

(Signed) P. WALKER,  
Chairman.